

Montana Migrant Education Program Staff Training Evaluation

Date(s) _____ Location _____ Trainer(s) _____

Title of Training/Conference _____

Directions: Complete the form by placing an "X" in the box that best describes your reaction to the criterion.

	Exemplary (3 points)	Good (2 points)	Developing (1 point)
Training/Conference	<input type="checkbox"/> Highly informative	<input type="checkbox"/> Somewhat informative	<input type="checkbox"/> Uninformative
Applicability	<input type="checkbox"/> Very applicable	<input type="checkbox"/> Somewhat applicable	<input type="checkbox"/> Not applicable
Materials	<input type="checkbox"/> Very useful	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Not useful
Trainer(s)	<input type="checkbox"/> Skilled at using various techniques to facilitate learning	<input type="checkbox"/> Used some techniques to facilitate learning	<input type="checkbox"/> Lacked skills to facilitate learning

How would you rate this training/conference?

☐ Poor ☐ Average ☐ Good ☐ Excellent

How do you plan to use the information from this training/conference?

Do you have any suggestions to improve the training/conference?

Are there any topics you would like covered in future training?

Other comments:
